

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

HCA INC. GOOD GOVERNMENT FUND

ADDRESS (number and street)

PO BOX 550

ONE PARK PLAZA

☐ Check if different than previously reported. (ACC)

NASHVILLE

TN

37203

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00067231

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Anderson

Signature of Treasurer

David Anderson

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		422340.08
(b) Cash on Hand at Beginning of Reporting Period.....	445129.24	
(c) Total Receipts (from Line 19)	50637.74	233613.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	495766.98	655953.53
7. Total Disbursements (from Line 31)	21350.42	181536.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	474416.56	474416.56
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	28941.00	150357.50
(ii) Unitemized	19194.17	80710.12
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	48135.17	231067.62
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	48135.17	231067.62
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.57	45.83
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	50637.74	233613.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	50637.74	233613.45

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	205.42	1891.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	205.42	1891.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	176500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	145.00	145.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	145.00	145.00
29. Other Disbursements	0.00	3000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	21350.42	181536.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21350.42	181536.97

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	48135.17	231067.62
34. Total Contribution Refunds (from Line 28(d))	145.00	145.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47990.17	230922.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	205.42	1891.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	205.42	1891.97

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Mark Adams

Mailing Address 381 W 3950 N

City State Zip Code
Pleasant View UT 84414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ogden Regional Med Ctr

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2014

Transaction ID : SA11AI.31327

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kevin Allred

Mailing Address 890 S 1560 E

City State Zip Code
Spanish Fork UT 84660

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mountain

Occupation

VPHR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.31259

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Bryan Anderson

Mailing Address 7988 Bernard St

City State Zip Code
Tallahassee FL 32317

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Florida Division

Occupation

Vp NG Gov't Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.31142

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Greg Angle

Mailing Address 2800 Dewdrop Pl

City State Zip Code
 WLW CA 91362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Los Robles

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 22 2014

Transaction ID : SA11AI.31262

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Cecile Duaine Arnold

Mailing Address 4928 Hickory Shores Blvd

City State Zip Code
 Gulf Breeze FL 32563

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Florida Healthcare

Occupation

Dir Res. Therapy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 22 2014

Transaction ID : SA11AI.31106

Amount of Each Receipt this Period

201.00

Full Name (Last, First, Middle Initial)

C. Lori Baker

Mailing Address 5649 Hollowbrooke Lane

City State Zip Code
 Acworth GA 30101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cartersville Medical Ctr

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 22 2014

Transaction ID : SA11AI.31216

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

951.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Lori Baker

Mailing Address 5649 Hollowbrooke Lane

City State Zip Code
Acworth GA 30101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cartersville Medical Ctr

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2014

Transaction ID : SA11AI.31388

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Phillip Baker

Mailing Address 19816 Cobblestone Circle

City State Zip Code
Venice FL 34292

FEC ID number of contributing
federal political committee.

C

Name of Employer
Englewood Community Hospital

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.31180

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Brent Bamhisel

Mailing Address 2450 Madrid Ave

City State Zip Code
Safety Harbor FL 34695

FEC ID number of contributing
federal political committee.

C

Name of Employer

West FI Div

Occupation
VP Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.31290

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Julie Barnes

Mailing Address 501 Redmond Road

City State Zip Code
 Rome GA 30165

FEC ID number of contributing federal political committee.

C

Name of Employer

Redmond Regional

Occupation

CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 19 / 2014

Transaction ID : SA11AI.31381

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Brian Baumgardner

Mailing Address 2202 Coral Dr

City State Zip Code
 Lynn Haven FL 32444

FEC ID number of contributing federal political committee.

C

Name of Employer

Gulf Coast Med Ctr

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.31115

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Joe (StoneCrest) Bowman

Mailing Address 200 Stone Crest Blvd

City State Zip Code
 Smyrna TN 37167

FEC ID number of contributing federal political committee.

C

Name of Employer

StoneCrest Medical Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.31254

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1800.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 31
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Patricia Burns

Mailing Address 1023 Bel Air Drive

City State Zip Code
 Highland Beach FL 33487

FEC ID number of contributing
federal political committee.

C

Name of Employer

JFK Medical Center

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 19 / 2014

Transaction ID : SA11AI.31419

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Woodrow Butler

Mailing Address 2432 Tronto PI

City State Zip Code
 Pensacola FL 32503

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Florida Hospital

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.31103

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Linda Carter

Mailing Address 201 14th St SW

City State Zip Code
 Largo FL 33770

FEC ID number of contributing
federal political committee.

C

Name of Employer

Largo Medical Center

Occupation

healthcare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.31267

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Eric Deppert

Mailing Address 5301 South Congress Avenue

City State Zip Code
 Atlantis FL 33462

FEC ID number of contributing
federal political committee.

C

Name of Employer

JFK Med Ctr

Occupation

CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 19 / 2014

Transaction ID : SA11AI.31426

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Julie Dircks

Mailing Address 2851 NW 88th Terr

City State Zip Code
 Coral Springs FL 33065

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hosp/Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 22 / 2014

Transaction ID : SA11AI.31126

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Kenneth Donahey

Mailing Address 1028 Crimson Way

City State Zip Code
 Hendersonville TN 37075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hendersonville Med Ctr

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 22 / 2014

Transaction ID : SA11AI.31107

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 31
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. C. Alan Eaks

Mailing Address 600 Roosevelt Blvd

City State Zip Code
 Fall Church VA 22044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Dominion

Hospital CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 19 / 2014

Transaction ID : SA11AI.31409

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Larry Feinman

Mailing Address 14047 Jennifer Terrace

City State Zip Code
 Largo FL 33774

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Largo Med Ctr

CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11AI.31271

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Sarah Forsythe

Mailing Address 700 W Oak Street

City State Zip Code
 Kissimmee FL 34741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Osceola Regional Med Ctr

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 19 / 2014

Transaction ID : SA11AI.31421

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Brennan Francois

Mailing Address 9754 Wilson Drive

City State Zip Code
Chattanooga TN 37363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkridge Valley

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.31183

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Robert Grace

Mailing Address 893 Bluff View Dr

City State Zip Code
Myrtle Beach SC 29579

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grand Strand Reg Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 05 / 2014

Transaction ID : SA11AI.31312

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Jeremy Gray

Mailing Address 1000 Mar Walt Dr

City State Zip Code
FWB FL 32547

FEC ID number of contributing
federal political committee.

C

Name of Employer

FWB Med Ctr

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.31229

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Dustin Greene

Mailing Address 3441 Dickerson Pike

City State Zip Code
Nashville TN 37207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Skyline Med Ctr

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.31192

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sandra Grimes

Mailing Address 3625 University Blvd S

City State Zip Code
Jacksonville FL 32216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Hospital

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.31123

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mary Halverson

Mailing Address 9137 Hunters Bend Circle

City State Zip Code
Ooltewah TN 37363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkridge Valley Hospital

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.31184

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Bill Hawley

Mailing Address 21298 Olean Blvd

City

Pt Charlotte

State

FL

Zip Code

33952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fawcett Memorial

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 19 / 2014

Transaction ID : SA11AI.31360

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Kathryn Hester

Mailing Address 1962 Bridgewood Dr

City

Orange Park

State

FL

Zip Code

32065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orange Park Med Ctr

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 05 / 2014

Transaction ID : SA11AI.31320

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Jason Limbaugh

Mailing Address 4381 W Flamingo Rd

City

Las Vegas

State

NV

Zip Code

89103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sunrise Hospital

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 05 / 2014

Transaction ID : SA11AI.31334

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 31
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Collier Long

Mailing Address 164 Mission Grove Pkwy

City State Zip Code
 Riverside CA 92506

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Riverside Community

Occupation
 COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 05 / 2014

Transaction ID : SA11AI.31324

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pete Lowhorne

Mailing Address 5676 Burnside Cir

City State Zip Code
 Tallahassee FL 32312

FEC ID number of contributing
federal political committee.

C

Name of Employer
 N FI Div

Occupation
 CEO Supply Chain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.31154

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Leigh Mangrum

Mailing Address 210 Hillwood Blvd Apt 1028

City State Zip Code
 Murfreesboro TN 37128

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Centennial Med Ctr

Occupation
 VP Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.31158

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. John Marshall

Mailing Address 111 Hwy 70 E

City State Zip Code
Dickson TN 37055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Horizon Medical Center

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.31250

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Matthew Marshall

Mailing Address 6749 Island Creek Rd

City State Zip Code
Sarasota FL 34240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Doctors Hospital

Occupation

Director, Physician Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.31294

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Janet McCallister

Mailing Address 1701 Hermitage Blvd

City State Zip Code
Tallahassee FL 32301

FEC ID number of contributing
federal political committee.

C

Name of Employer

N FI Div

Occupation

CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.31159

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Benny McDonald

Mailing Address 131 River Lane SW

City State Zip Code
Rome GA 30165

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cartersville Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 22 / 2014

Transaction ID : SA11AI.31209

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Holly McGucken

Mailing Address 1000 Mar Walt Dr

City State Zip Code
FWB FL 32547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ft. Walton Beach Med Ctr

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 22 / 2014

Transaction ID : SA11AI.31232

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Stephanie Mearns

Mailing Address 7300 Medical Center Drive

City State Zip Code
West Hills CA 91307

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Hills Hospital

Occupation

VP & CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 05 / 2014

Transaction ID : SA11AI.31325

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 31
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Gina Melby

Mailing Address 5301 S Congress Ave

City State Zip Code
 Atlantis FL 33462

FEC ID number of contributing
federal political committee.

C

Name of Employer

JFK Medical Center

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 19 / 2014

Transaction ID : SA11AI.31413

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Joseph Melchiode

Mailing Address 11764 Del Sur Avenue

City State Zip Code
 Las Vegas NV 89138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mountainview Hosp

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.31125

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Gary Mervak

Mailing Address 1106 NE 4 Street

City State Zip Code
 Ft. Lauderdale FL 33301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.31208

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. James (RMCA) Miller

Mailing Address 2810 Ambassador Caffery Pkwy

City State Zip Code
 Lafayette LA 70526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regional Med Ctr Acadiana

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 22 2014

Transaction ID : SA11AI.31220

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Irfan Mirza

Mailing Address 661 Ridgewood Lane

City State Zip Code
 Plantation FL 33317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Plantation General Hospital

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 22 2014

Transaction ID : SA11AI.31221

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Mitchell Mongell

Mailing Address 1000 Mar Walt Dr

City State Zip Code
 FWB FL 32547

FEC ID number of contributing
federal political committee.

C

Name of Employer

FWB Med Ctr

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 22 2014

Transaction ID : SA11AI.31233

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1090.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Chris Mosley

Mailing Address 139 White Pine Way

City State Zip Code
 Summerville SC 29485

FEC ID number of contributing
federal political committee.

C

Name of Employer

Trident Health System

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 05 / 2014

Transaction ID : SA11AI.31316

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steve Otto

Mailing Address 3441 Dickerson Pike

City State Zip Code
 Nashville TN 37207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Skyline Medical Center

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 22 / 2014

Transaction ID : SA11AI.31194

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tom Ozburn

Mailing Address 391 Wallace Rd.

City State Zip Code
 Nashville TN 37211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Hills Medical Center

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2014

Transaction ID : SA11AI.31326

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 31
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Cathy Philpott

Mailing Address 5040 NW 123rd Avenue

City State Zip Code
 Coral Springs FL 33076

FEC ID number of contributing
federal political committee.

C

Name of Employer

NW Medical Center

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 22 2014

Transaction ID : SA11AI.31202

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph Pino

Mailing Address 495 Brickell Avenue

City State Zip Code
 Miami FL 33131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 22 2014

Transaction ID : SA11AI.31203

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Tom Rice

Mailing Address 13130 Placida Pointe Ct

City State Zip Code
 Placida FL 33946

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fawcett Memorial

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 19 2014

Transaction ID : SA11AI.31357

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Melanie Salsgiver

Mailing Address 1000 Mar Walt Drive

City State Zip Code
 Ft. Walton Beach FL 32547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ft. Walton Med Ctr

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.31245

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Keith Sandlin

Mailing Address 52 Comanche Trail

City State Zip Code
 Cartersville GA 30120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cartersville Med. Ctr.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.31215

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Scott Schmidly

Mailing Address 4236 Bobbitt Dr

City State Zip Code
 Dallas TX 75229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical City Dallas

Occupation

COO/ECO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 05 / 2014

Transaction ID : SA11AI.31333

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Gerri Shafer

Mailing Address 4594 Q 1650 N

City State Zip Code
 Plain City UT 84404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ogden Reg Med Ctr

Occupation

ICU/IMC Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 05 / 2014

Transaction ID : SA11AI.31331

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Barbara Simmons

Mailing Address 1961 SW 52nd Ave

City State Zip Code
 Plantation FL 33317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Plantation General Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.31201

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mark Sims

Mailing Address 9610 Portofino Drive

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

StoneCrest Medical Center

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 05 / 2014

Transaction ID : SA11AI.31302

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Julie Taylor

Mailing Address 10426 Carriage Club Dr

City Lone Tree State CO Zip Code 80124

FEC ID number of contributing federal political committee.

C

Name of Employer

TMCA

Occupation

Assoc CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 22 / 2014

Transaction ID : SA11AI.31247

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Laurie Turner

Mailing Address 2380 Denair Way

City Henderson State NV Zip Code 89074

FEC ID number of contributing federal political committee.

C

Name of Employer

Sunrise Hospital

Occupation

VP Quality/Med Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 22 / 2014

Transaction ID : SA11AI.31196

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Andrew Tyrer

Mailing Address 200 Stonecrest Blvd

City Smyrna State TN Zip Code 37167

FEC ID number of contributing federal political committee.

C

Name of Employer

StoneCrest Med Ctr

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 22 / 2014

Transaction ID : SA11AI.31257

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Tama Van Decar

Mailing Address 1000 Mar Walt Dr

City State Zip Code
 FWB FL 32547

FEC ID number of contributing
federal political committee.

C

Name of Employer
 FWB Medical Center

Occupation
 CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.31244

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lisa Wallace

Mailing Address 1431 SW 1st Ave.

City State Zip Code
 Ocala FL 34474

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Ocala Reg. Med. Center

Occupation
 Dir.- 4th Floor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 19 / 2014

Transaction ID : SA11AI.31374

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Karen White-Trevino

Mailing Address 5337 Sussex Ln

City State Zip Code
 Pace FL 32571

FEC ID number of contributing
federal political committee.

C

Name of Employer
 West Florida Hosp

Occupation
 CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.31116

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Ruth Willard

Mailing Address 1127 Richliev Ln

City

Frankfort

State

KY

Zip Code

40601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankfort Reg Med Ctr

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.31256

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

28941.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 31

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address 6850 AUSTIN CENTRE BLVD
SUITE 180

City State Zip Code
AUSTIN TX 78731

FEC ID number of contributing
federal political committee.

C C00369033

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 30 2014

Transaction ID : SA16.31300

Amount of Each Receipt this Period

2500.00

refund of excessive contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

2500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Suntrust Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

Mailing Address P.O. Box 622227

City	State	Zip Code
Orlando	FL	32862-2227

Transaction ID : SB21B.31446Purpose of Disbursement
account analysis fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

205.42

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶

205.42

TOTAL This Period (last page this line number only).....▶

205.42

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. BOEHNER FOR SPEAKER

Mailing Address 320 FIRST ST., SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
contribution

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President
State: OH District: 08

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SB23.31439

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Diane PAC

Mailing Address PO Box 1437

City
GallatinState
TNZip Code
37066Purpose of Disbursement
contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SB23.31436

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Eye of the Tiger PAC

Mailing Address 213 Ashby Street

City
AlexandriaState
VAZip Code
22305Purpose of Disbursement
contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		18		2014

Transaction ID : SB23.31433

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. FRIENDS FOR CHRIS STEWART, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Mailing Address 10 WEST BROADWAY, SUITE 500

City	State	Zip Code
SALT LAKE CITY	UT	84101

Transaction ID : SB23.31442Purpose of Disbursement
campaign

Amount of Each Disbursement this Period

Candidate Name

CHRIS STEWARTCategory/
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: UT District: 02

Full Name (Last, First, Middle Initial)

B. MAKING AMERICA PROSPEROUS PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Mailing Address PO BOX 2485

City	State	Zip Code
SPRINGFIELD	VA	22152

Transaction ID : SB23.31440Purpose of Disbursement
contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Comm.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Mailing Address PO Box 96221

City	State	Zip Code
Washington	DC	20077

Transaction ID : SB23.31438Purpose of Disbursement
contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

21000.00
